

Form 621**(Revised 12/15)**

Return in duplicate to:

Secretary of State

P.O. Box 13697

Austin, TX 78711-3697

512 463-5555

FAX: 512 463-5709

Filing Fee: see instructions

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FILED
In the Office of the
Secretary of State of Texas

MAY 03 2022

Corporations Section

**Certificate of Merger
Domestic Entity
Divisional Merger
Business Organizations Code**

Merging Entity Information

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to the filing entity, the undersigned submits this certificate of merger to divide itself into two or more new domestic entities or other organizations or divide itself into a surviving domestic entity and one or more new domestic or foreign entities or non-code organizations.

The name of the domestic filing entity that is dividing itself is:

Corizon Health, Inc.

Its principal place of business is: 205 Powell Place, Suite 104 Brentwood TN
Address City State

The file number issued to the filing entity by the secretary of state is: 804544749The entity is organized as a For-Profit Corporation*(Provide organizational form of domestic entity: e.g., for-profit corporation, limited partnership, etc.)*☒ The filing entity will survive the merger. ☐ The filing entity will not survive the merger.☐ The plan of merger amends the name of the merging entity. The new name is set forth below.*Name as Amended***Plan of Merger**☐ The plan of merger is attached.*If the plan of merger is not attached, the following statements must be completed:***Alternative Statements**

Instead of providing the plan of merger, the domestic filing entity certifies that:

1. A plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization provided in this form.
2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger.

Item 3A is the default selection. If the merger effected an amendment to, a restatement of, or an amendment and restatement of the certificate of formation of a surviving filing entity, you must select and complete one of the options shown below. Options 3B and 3C require the submission of the described attachment.

3A. No amendments to the certificate of formation are being effected by the merger.

3B. ☐ No amendments to the certificate of formation are being effected by the merger or by the

restated certificate of formation, which is attached to the certificate of merger.

3C. ☐ The plan of merger effected an amendment and restatement of the certificate of formation of the surviving filing entity. The amendments being made are set forth in the attached restated certificate of formation containing amendments.

3D. ☐ The plan of merger effected changes or amendments to the filing entity's certificate of formation. The changes or amendments to the filing entity's certificate of formation, other than the name change noted previously, are stated below.

Amendment Text Area

4. Organizations Created by Merger:

The name, jurisdiction of organization, principal place of business address, and entity description of each entity or other organization to be created pursuant to the plan of merger are set forth below. The certificate of formation of each new domestic filing entity to be created is being filed with this certificate of merger.

<i>Name of New Organization 1</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>
CHS TX, Inc.	TX	For-Profit Corporation

<i>Principal Place of Business Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
205 Powell Place, Suite 104	Brentwood	TN	37027

<i>Name of New Organization 2</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>

<i>Principal Place of Business Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>Name of New Organization 3</i>	<i>Jurisdiction</i>	<i>Entity Type (See instructions)</i>

<i>Principal Place of Business Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Approval of the Plan of Merger

The plan of merger has been approved as required by the laws of the jurisdiction of formation and by the governing documents of the merging filing entity.

Effectiveness of Filing (Select either A, B, or C.)

A. ☐ This document becomes effective when the document is accepted and filed by the secretary of state.

B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. ☒ This document takes effect on the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: July 31, 2022

The following event or fact will cause the document to take effect in the manner described below:

Text Area

This Certificate of Merger shall take effect immediately following the effective time of the Form 622 Certificate of Merger filed with the Texas Secretary of State, which effectuates a merger among Corizon Health, Inc., Valitas Health Services, Inc., Corizon Health of New Jersey, LLC and Corizon, LLC.

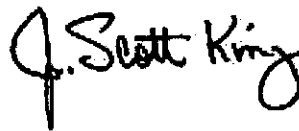
Tax Certificate

- ☐ Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity.
- ☒ Instead of providing the tax certificate, one or more of the newly created organizations will be liable for the payment of the required franchise taxes.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code to execute the filing instrument.

Date: May 2, 2022



J Scott. King

Signature and title of authorized person on behalf of the merging filing entity

**Form 201
(Revised 12/21)**

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555

Filing Fee: \$300

**Certificate of Formation
For-Profit Corporation**

This space reserved

FILED
In the Office of the
Secretary of State of Texas
MAY 03 2022
Corporations Section

Article 1 – Entity Name and Type

The filing entity being formed is a for-profit corporation. The name of the entity is:

CHS TX, Inc.

The name must contain the word "corporation," "company," "incorporated," "limited" or an abbreviation of one of these terms.

Article 2 – Registered Agent and Registered Office

(See instructions. Select and complete either A or B and complete C.)

☒ A. The initial registered agent is an organization (cannot be entity named above) by the name of:

C T Corporation System

OR

☐ B. The initial registered agent is an individual resident of the state whose name is set forth below:

First Name	M.I.	Last Name	Suffix
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C. The business address of the registered agent and the registered office address is:

1999 Bryan Street, Suite 900	Dallas	TX	75201
Street Address	City	State	Zip Code

Article 3 – Directors

(A minimum of 1 director is required.)

The number of directors constituting the initial board of directors and the names and addresses of the person or persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualified are as follows:

Director 1				
Sara		Tirschwell		
First Name	M.I.	Last Name	Suffix	
205 Powell Place, Suite 104	Brentwood	TN	37027	US
Street or Mailing Address	City	State	Zip Code	Country

Director 2				
Scott		King		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
205 Powell Place, Suite 104	Brentwood	TN	37027	US
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Director 3				
Jeff		Sholey		
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
205 Powell Place, Suite 104	Brentwood	TN	37027	US
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Article 4 – Authorized Shares

(Provide the number of shares in the space below, then select option A or option B, do not select both.)

The total number of shares the corporation is authorized to issue is: 15,000

☒ A. The par value of each of the authorized shares is: \$0.001

OR

☐ B. The shares shall have no par value.

If the shares are to be divided into classes, you must set forth the designation of each class, the number of shares of each class, the par value (or statement of no par value), and the preferences, limitations, and relative rights of each class in the space provided for supplemental information on this form.

Article 5 – Purpose

The purpose for which the corporation is formed is for the transaction of any and all lawful business for which a for-profit corporation may be organized under the Texas Business Organizations Code.

Initial Mailing Address

(Provide the mailing address to which state franchise tax correspondence should be sent.)

205 Powell Place, Suite 104	Brentwood	TN	37027	US
<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>

Supplemental Provisions/Information

The following supplements shall apply to this Certificate of Formation:

Supplement to Article 1:

As required by Section 3.005 of the Texas Business Organizations Code, CHS TX, Inc. is being formed under a plan of merger of Corizon Health, Inc., a Texas corporation (the "Merging Entity") pursuant to Section 3.006 and Chapter 10 of the TBOC. The address of the principal place of business of the Merging Entity is 205 Powell Place, Suite 104, Brentwood, TN 37027. The date of formation of the Merging Entity is April 28, 2022.

Supplement to Article 3:

CHS TX, Inc. shall have four directors upon formation, the three directors listed in Article 3 above plus the following individual as the fourth director:

Gregg Ladele
205 Powell Place, Suite 104
Brentwood, TN 37027

Organizer

The name and address of the organizer:

Sara Tirschwell

Name

205 Powell Place, Suite 104

Brentwood

TN

37027

Street or Mailing Address

City

State

Zip Code

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The following event or fact will cause the document to take effect in the manner described below:

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Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned also affirms that, to the best knowledge of the undersigned, the name provided as the name of the filing entity does not falsely imply an affiliation with a governmental entity. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: May 2, 2022



Signature of organizer